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17264 U.S. PTO

Enclosures

[+]

UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No. 1977672
	Inventor: David Murrin, 25 Primrose Lane, Roosevelt, New York 11575
	Title: WHEEL MECHANISM FOR SKI-EQUIPPED VEHICLES

To: Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria, Virginia 22313-1450

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
<input checked="" type="checkbox"/> Fee Transmittal Form PTO/SB/17 (In duplicate)	<input checked="" type="checkbox"/> Information Disclosure Statement, including Form PTO-1449 and copies of _____ 9 _____ references.
<input checked="" type="checkbox"/> Applicant claims small entity status.	<input checked="" type="checkbox"/> Check No. <u>1929</u> in the amount of \$ <u>385.00</u> .
<input checked="" type="checkbox"/> Specification and 1 Claim (15 pp.)	<input type="checkbox"/> Nonpublication Request Form PTO/SB/35
<input checked="" type="checkbox"/> Drawings, showing Figs. 1 and 2 (1 p.)	<input checked="" type="checkbox"/> Return Receipt Postcard.
<input checked="" type="checkbox"/> Combined Declaration and Power of Attorney.	

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Signature: <i>Donald R. Schoonover</i>	Date: <i>January 26, 2004</i>

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January 26, 2004.

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Total Amount of Payment: \$ <u>385.00</u>	

METHOD OF PAYMENT	FEE CALCULATION (continued)																																												
<p>[X] Check No. <u>1929</u></p> <p>The Commissioner is authorized to credit any overpayments or charge any additional fee(s) during the pendency of this application to Deposit Account No. 50-0961</p>	<p>2. EXTRA CLAIM FEES</p> <p style="text-align: right;"><u>Fee Paid</u></p> <p>Total Claims <u>1</u> - 20 = <u>0</u> X 9 = <u>0.00</u></p> <p>Independent Claims <u>1</u> - 3 = <u>0</u> X 43 = <u>0.00</u></p> <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>43</td> <td rowspan="2">Independent claims in excess of 3 Claims in excess of 20</td> </tr> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> </tr> <tr> <td colspan="4">SUBTOTAL (2)</td> <td>\$ 0.00</td> </tr> </tbody></table>	Large Entity		Small Entity		Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1201	84	2201	43	Independent claims in excess of 3 Claims in excess of 20	1202	18	2202	9	SUBTOTAL (2)				\$ 0.00																					
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SUBMITTED BY:		
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